

Spotlight on the Safety Net

A Community Collaboration

Charlotte Community Health Clinic

Charlotte Community Health Clinic (CCHC), now a federally qualified health center in Mecklenburg County, opened its doors 15 years ago to low-income, uninsured older adults. Our diverse patient population includes those who are employed, newly unemployed, poor, literate, illiterate, American, multiethnic, and/or multicultural. We continuously ask ourselves how we can engage these patients and their families in their health. Clearly one size does not fit all, yet we have discovered some fundamentals that have allowed us to improve clinical outcomes and patient satisfaction. We strive to accept our patients' unique backgrounds, cultures, and experiences, and we take them seriously. Creating a climate of respect and dignity has reduced many barriers and created an opportunity for conversations and change.

Using a medical home model, CCHC provides ongoing patient care, prescribed medications, laboratory services, diagnostic tests (such as x-rays and magnetic resonance imaging scans), eye care, specialty care referrals, a women's clinic, a children's clinic, and health education. Over the years, CCHC has grown from an episodic and acute care clinic into a preventive primary care clinic. CCHC has worked with its patient population for many years and has achieved recognition as a safe place to receive health care services.

Our patient population can be difficult to treat. Often patients' social needs overwhelm their need to care for their health. Our providers and clinical staff are confronted with hungry patients, patients with no transportation, and patients who lack funds to purchase \$4 medicines. These issues cannot be identified unless there is open and honest communication among the provider, patient, and family. As health care providers, we cannot address all of the challenges that our patients face, but we can make an effort to help them on the day of their visit. CCHC has created a Starfish Fund that enables us

to provide a \$10 gift card to a grocery store or pharmacy, or a bus pass.

Our efforts to engage CCHC patients also include education classes, grocery store tours, cooking classes, Biggest Loser classes for adolescents, and culturally specific educational events. Although there is little research to connect these activities to better clinical outcomes, we know that these patients are engaged in their health, and we have high patient satisfaction outcomes.

Five years ago, CCHC expanded its services to include pediatric care. We expected to care for low-income, uninsured children 0-18 years of age. We were excited about connecting our community partners with families and their younger children to encourage healthy diets, dental care, and healthy choices—but the younger children did not come. Instead, our pediatric patients were older children and adolescents with little or no history of vaccinations, physical exams, or developmental screenings. Surprisingly, the most common diagnoses among these children were obesity, depression, and anxiety. We quickly realized that our model of care would not be enough to address the plethora of issues presented by these older children.

Unfortunately, the greatest health need for our children was mental health care, which also had the greatest stigma for many of our families. Thus the integration of primary care and mental health services has been one of our greatest successes. Primary care providers are the first contact for our patients and are often the first resource for parents

Electronically published July 1, 2015.

Address correspondence to Ms. Nancy W. Hudson, Charlotte Community Health Clinic, 8401 Medical Plaza Dr, Ste 300, Charlotte, NC 28262 (nwhudson@novanthealth.org).

NC Med J. 2015;76(3):194-195. ©2015 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved.

0029-2559/2015/76316

who are worried about their child's mental health or behavioral problems. It is through parents' trusting relationship with the provider that our families are willing to engage in conversations about their child's depression or behavior. Parents are more receptive to interventions when their medical provider has given them the guidance and resources needed to address their concerns.

At CCHC, licensed counselors conduct pre- and post-treatment screenings for depression, anxiety, attention deficit hyperactivity disorder (ADHD), and other related disorders. The Patient Health Questionnaire-9, the Burns Anxiety Inventory, and the NICHQ Vanderbilt Assessment for ADHD are administered, and the results are used as a baseline to provide coordinated care with the primary care provider. Individuals with serious mental health conditions are referred to community providers but

continue to receive primary care at CCHC.

One of 64 free clinics in North Carolina, CCHC strives to provide the best possible care to low-income, uninsured individuals. CCHC (like most free clinics) can demonstrate outcomes that have a significant impact on our patient's lives: Thousands of individuals with diabetes have an A_{1c} of 8.0 or below; thousands of individuals have blood pressures less than 140/90 mmHg; and thousands of individuals meet the everyday challenges of working in low-income jobs, raising families, and maintaining their physical and mental health. **NCMJ**

Nancy W. Hudson executive director, Charlotte Community Health Clinic, Charlotte, North Carolina.

Acknowledgments

Potential conflicts of interest. N.W.H. is an employee of Charlotte Community Health Clinic.